



Atty. Dkt. No. 047711-0339

*STW*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald J. LEBEL, et al.

Title: AMBULATORY MEDICAL  
APPARATUS WITH HANDHELD  
COMMUNICATION DEVICE

Appl. No.: 10/824,083

Filing Date: 4/14/2004

Examiner: Mark Bockelman (Prior)

Art Unit: 3762(Prior)

<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.  <u>Jose Ramos</u> (Printed Name)  <u>[Signature]</u> (Signature)  <u>May 11, 2004</u> (Date of Deposit)
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**AMENDMENT TRANSMITTAL**

Mail Stop NON-FEE AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- ☐ Assertion of Small Entity status is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	19	- 20	= 0	x \$18.00	= \$0.00
Independent Claims:	2	- 3	= 0	x \$86.00	= \$0.00
First presentation of any Multiple Dependent Claims: + \$290.00					= \$0.00
CLAIMS FEE TOTAL					= \$0.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00

☐ Please charge Deposit Account No. 50-0872 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

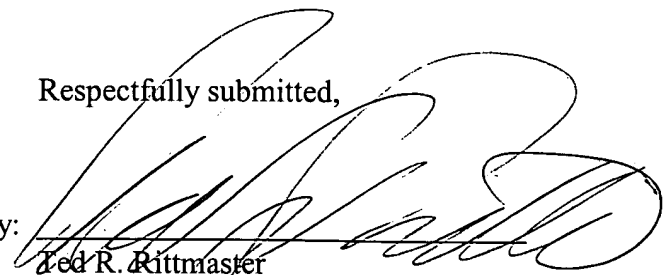
☐ A check in the amount of \$0.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: May 11, 2004  
 FOLEY & LARDNER LLP  
 Customer Number: 23392  
 Telephone: (310) 975-7963  
 Facsimile: (310) 557-8475

By:   
 Ted R. Rittmaster  
 Attorney for Applicant  
 Registration No. 32,933



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald J. LEBEL, et al.  
Title: AMBULATORY MEDICAL  
APPARATUS WITH HANDHELD  
COMMUNICATION DEVICE  
Appl. No.: 10/824,083  
Filing Date: April 14, 2004  
Prior Examiner: Mark Bockelman  
Prior Art Unit: 3762

<p align="center"><b>CERTIFICATE OF MAILING</b></p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p align="center"><u>Jose Ramos</u> (Printed Name)</p> <p align="center"><u>[Signature]</u> (Signature)</p> <p align="center"><u>5/11/04</u> (Date of Deposit)</p>
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SUPPLEMENTAL PRELIMINARY  
AMENDMENT UNDER 37 CFR 1.115

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Prior to examination of the present Application, Applicant respectfully requests that the application be amended as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this document.

**Remarks/Arguments** begin on page 5 of this document.

Please amend the application as follows: